_					DESCRIPTION OF INJURY OR ILLNESS	SS	EXTENT	OF AND	EXTENT OF AND OUTCOME OF CASES	IE OF CA	SES
-	į							LOST TI	LOST TIME CASE		
FILE	OF MAUNTY ON SET OF FILLMESS	EMPLOYE'S NAME (Last, and inhisis (s))	AEGULAR JOB TITLE (Not activity employee was performing when injured or at onset of Bines.)	DEPARTMENT (Dept. in which the employee is regularly employed.)	NATURE OF INJURY OR ILLNESS AND PARTIS) OF BODY AFFECTED (Typical entries for this column might be: Amputation of 1st joint right forefinger Strain of lower back Contact dermetrie on both hands Electropation—body.	INJURY OR ILLNESS CODE (See codes	DEATHS (Date of death.)	Enter Check H case involved but time	Loss Workday Case Enter check # Case Involved complete away from	\$ <u>5</u>	F.
(1)	Mo./Day/Yi. (2)	(E)	€	ŷ.	(9)	8	Mo./Day/W.		work due to injury or illness	. 6	.
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		(0)									
		J		1	3						
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				1							
Comman	Command/Activity				Injury Code						MA
Adroce					10 All occupational injuries		23 Re 24 Po	spiratory co	23 Respiratory conditions due to toxic agents 24 Poisoning (Systemic effects of toxic massesia)	o tonic agen	;
5000					Illness Codes		25 Di	sorders due	25 Disorders due to physical agents (other than	Ants fother t	•
LOCAL FO	LOCAL FORM 5102/7				21 Occupational skin diseases or discribers 22 Direct diseases of the family famounescens	1 describers		Disorders due to	26 Disorders dive to repeated training		19
								other occu	ational dinise	\$.01	35

LOG OF NAVY INJURIES AND OCCUPATIONAL ILLNESSES

OPNAVINST 5102.1C CH-1

MAY 2 2 1990 Instructions for Completing the Log of Navy Injuries and Occupational Illnesses

Column 1

Case or File Number

Use any numbering system desired

Column 2

For injuries, enter the date of the inishap which resulted in injury. For occupational illnesses, enter the date of initial diagnosis of illness or, if absence

occured before diagnosis, the first day of the absence in connection with which the case was diagnosed.

Employee's Name Column 3

Last name first, then initial(s).

Regular Job Title Column 4

Injured or ill person.

Department Column 5

Enter the name of the department to which employee was assigned at the time of the injury or illness, whether or not the employee was actually

working in that department at the time.

Nature of Injury or Iliness and Part(s) of Body Affected Column 6

Enter a brief description of the injury or illness and the indicate part or parts of the body affected.

Column ?

Injury or Iliness Code

Enter the one code which most accurately describes the nature of injury or illness.

D Injury Code: 10 All Injuries

O Illness Codes:

21 Occupational Skin Disease or Disorders. Contact dermatitis, eczema or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations, etc.

22 Dust Disease of the Lungs (Pneumoconioses). Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis and other pneumoconioses.

23 Respiratory Conditions due to Toxic Agents. Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, duets, gases or furnes, farmer's lung, etc. Use this category only if the respiratory system is injuried. If the lungs were just the route of entry for a toxic agent that caused systemic injury, cite Code 24.

24 Poisioning (Systemic Effects of Taxic Materials). Poisoning by lead, mercury, cadmium, arsenic or other metals; poisioning by carbon monordee, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins etc.

25 Disorders due to Physical Agents (Other than Taxic Materials). Heatstroke, sunstroke, heat exhaustion and other effects of exposure to low temperatures; caisson disease (bends); effects of ionizing radiation (isotopes, X-rays, radium); effects of non-ionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

26 Disorders due to Reposted Tresums. Noise-induced hearing loss; synovitis, tenosyunovitis and bursitis. Raynaud's phenomenon; and other conditions due to to repeated motion, vibration or pressure.

27 All Other Occupational Illnesses. Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food polsoning, histoplasmosis, coccidioidomycocis, etc.

Column 8

Deaths

Enter month/day/year of death.

Column 9

Lost Time Case

Enter a check for each case of nonfatal traumatic injury that causes any loss of time from work beyond the day or shift it occured; or for each case of nonfatal illness/disease that causes disability at any time. Disability is defined as the result of any illness, temporary or permanent, which prevents a person from carrying on his/her usual activities.

Column 9A

Leat Workday Case

Enter a chack for each lost time case which prevents a military person from performing regularly duty or work for a period of 24 hours or more subsequent to 2400 on the day of injury or onset of illness; or causes a civilian employee to miss work for a full shift on any day subsequent to the day of injury or onset of illness. Cases that meet the reporting requirements of paragraphs 301a(2), 505b(2)(e), 603a(2), 603b or 801a(3) shall be recorded on the applicable log.

Column 10

Enter a check for each case where medical expense is incurred but no lost time from work is incurred as represented by a charge either to leave or to continuation of pay (COP). Also enter a check for each case where the injuried person obtains no medical treatment at all or obtains medical treatment only on the day of injury and no lost time is charge to leave or to COP.

Column 11

First Aid Con

Enter a check for each case that requires one or more visits to a medical facility for examination or treatment during working hours beyond the date of injury, as long as no leave or COP is charged to the employee and no medical expense is incurred. Also enter a check for each case which requires two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury, again as long as no leave or COP is charged and no medical expense is incurred.

Column 9 and 9A—All lost time cases shall be recorded in column 9. If the case results in submission of an individual mishap report to NAVSAFECEN, then a second check should be entered in column 9A. Columns 10 and 11 are mutually exclusive. If a case meets the definition of a first eid case, record it in column 11. Do not report it in column 10.

Changes in Extent of/or Outcome of Injury or Illness

If there is a change in an occupational injury or illness that affects entries in columns 9, 10, 11 or 12, the first entry should be lined out and a new entry made. For example, if an injured employee at first lost no time past the day of mishap but later lost time, the check in column 10 would be lined out and the appropriate entry would be entered in column 9 and/or 9A.

An entry may be lined out if later found to be a nonoccupational injury or illness.